The anatomy of reliability: A must read for future human brain mapping

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Main Text

Human brain mapping (HBM) is increasingly becoming a multi-disciplinary field where some scientific issues are fundamental for all scientists and applications of using the technology to investigate individual differences. Reliability represents a significant issue for all scientific fields and has particularly been overlooked for decades by the HBM field [1]. Meanwhile, recent advances in open science have offered the field big data for developing novel methodological frameworks as well as performing large-scale investigations of the brain-mind associations based upon the individual differences assessed with HBM [2]. A systematic investigation of reliability seems still far behind these HBM developments. It is critical that reliability is evaluated ahead of these applications, motivating the current commentary on delineation of the anatomy of reliability for future HBM.

Reliability has a specific meaning in probability theory and is defined as a statistic on characterizing stochastic processes of individual variability. Given an HBM measure, intraindividual difference is variability of the repeated measurements across different occasions within the individual or within the subject undergoing HBM (i.e., within-subject variability). Inter-individual difference is the variability of the measurements between different individuals or subjects (i.e., between-subject variability). The following equation mathematically defines reliability, where V_b and V_w are between-subject and within-subject variability, respectively.

$$ICC = \frac{V_b - V_w}{V_b + V_w}$$

Mapping of reliability as a function of V_b and V_w generates a figure of the anatomy of reliability (see Figure 1). This anatomy map clearly indicates that reliability is a composite metric of both V_b and V_w , making itself a relative metric rather than an absolute measurement. Any location of the reliability field map describes a combination of both within-subject and between-subject variability (Figure 1a). High reliability of an HBM measure requires that the within-subject variability of the measure is relatively small comparing with its betweensubject variability. This is particularly crucial for clinical applications [3], which call for a measure both stable across time for an individual (i.e., low within-subject variability) and recognizable between different individuals (i.e., high between-subject variability) [1]. Reliability is usually quantified by intra-class correlation (ICC). For the guidance on practical evaluation of the reliability, the values of ICC can be categorized into some common intervals, among which two most popular categories are: 1) $0 \le ICC \le 0.2$ (slight), $0.2 \le ICC$ \leq 0.4 (fair), 0.4 < ICC \leq 0.6 (moderate), 0.6 < ICC \leq 0.8 (substantial), 0.8 < ICC \leq 1.0 (almost perfect) [4] and 2) $0 < ICC \le 0.5$ (poor), $0.5 < ICC \le 0.75$ (moderate), $0.75 < ICC \le 0.75$ $0.9 \text{ (good)}, 0.9 \leq ICC \leq 1 \text{ (excellent)}$ [5]. Figure 1b depicts the ICC contour plot of the reliability field map with the category 2. In clinical practice, a minimal reliability of almost perfect level (≥ 0.8) is needed [6].

Open neuroscience has started to establish rich data resources for evaluation of reliability with HBM [7]. It is becoming a reality that researchers could include the reliability of the measures employed in their studies by using the reliability field map. This should become a standard for reliable HBM, especially for studies with novel methodology proposed [8,9]. We believe that reliable HBM will greatly advance clinical practice in the future [10-12].

Conflict of interest

The authors declare that they have no conflict of interest.

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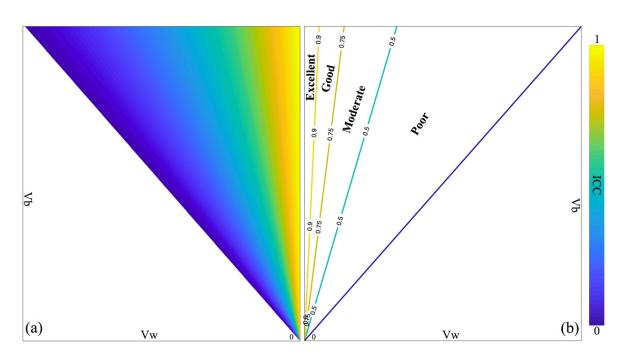


Figure 1. The anatomy of reliability. (a) The ICC field map (b) The ICC contour map

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